

OAHU CANDIDATES-  
SUBMIT 1 ORIGINAL AND 1 COPY  
NEIGHBOR ISLAND CANDIDATES-  
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION  
DISCLOSURE REPORT  
NONCANDIDATE COMMITTEE

COPY

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR NONCANDIDATE COMMITTEES.")

SECTION I-NONCANDIDATE COMMITTEE:

(a) Committee Name:

Hawaii Machinists Non Partisan  
Political League

(b) Mailing Address:

1934 Hau Street

Honolulu HI 96819-3255

(c) Phone (Bus)

(808) 832-0261

(Res)

(808) 839-1402

Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)

☐ Preliminary Primary ☒ Amended

☐ Final Primary

☐ Short Form

☐ Preliminary General

REPORTING PERIOD

☐ Final Election Period

☐ Supplemental

Jan. 1, 2006 Sept 8, 2006

SECTION III (Part 1)-SUMMARY OF RECEIPTS AND DISBURSEMENTS  
(Complete Section III (Part 2) on the Second Half of this Form Before Completing This Section)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE
1. Cash on Hand at the Beginning of the Election Period (Continuing Committee) OR at the time the Organizational Report was Filed (New Committee).....		\$ 5656
2. Cash on Hand at the Beginning of this Reporting Period.....	\$ 5656	
3. Total Receipts (From Line 11, Column A and B).....	603	603
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....	6259	6259
5. Total Disbursements (From Line 14, Column A and B).....	1767	1767
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4 for Columns A and B).....	\$ 4992	\$ 4492

SECTION III (Part 2)-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS  
(If Necessary, Complete Schedules A through D Before Completing This Section)

RECEIPTS

7. Monetary Contributions of \$100 or Less.....		
8. Non-Monetary Contributions of \$100 or Less.....		
9. Aggregate Monetary and Non-Monetary Contributions of More Than \$100 (Schedule A, Line 2 for Column A).....	\$ 603	\$ 603
10. Other Receipts (Schedule D, Line 2 for Column A).....		
11. Total Receipts (Add Lines 7 through 10 for Columns A and B).....	\$ 603	\$ 603

DISBURSEMENTS

12. Contributions To Candidates (Schedule B, Line 2 for Column A).....	\$ 1400	\$ 1400
13. Expenditures (Schedule C, Line 2 for Column A).....	367	367
14. Total Disbursements (Add Lines 12 and 13 for Columns A and B).....	\$ 1767	\$ 1767

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

*Carolee J. Kachura*

10/03/06

*Carolee J. Kachura*

10/03/06

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION  
SCHEDULE A**

**AGGREGATE MONETARY AND NON-MONETARY CONTRIBUTIONS OF MORE THAN \$100  
NONCANDIDATE COMMITTEE**

REMINDER: NON-MONETARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES (Schedule C).  
NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

COMMITTEE NAME: (Must be same as on Form NC-1)

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Hawaii Machinists Non Partisan Political League

DATE OF RECEIPT AND/OR DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT (IF INDIVIDUAL)	OCCUPATION (IF INDIVIDUAL)		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
			\$ 603	\$ 603
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	NOTE: Hawaii Machinists Non Partisan Political League is funded thru a voluntary per capita of five cents (\$0.05) per month per active members			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			

SUBTOTAL OF AGGREGATE MONETARY AND NON-MONETARY CONTRIBUTIONS OF MORE THAN \$100 THIS PERIOD (THIS PAGE).....

**STATE OF HAWAII**  
**CAMPAIGN SPENDING COMMISSION**  
**SCHEDULE B**  
**CONTRIBUTIONS TO CANDIDATES**  
**NONCANDIDATE COMMITTEE**

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NONCANDIDATE COMMITTEE NAME:

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Hawaii Machinists Non-Partisan Political League

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
2/13/06	Friends of Pono Chong Kanehoe Hawaii	\$ 200	\$ 200
3/2/06	Friends of Dwight Takamine Honolulu HI	200	200
3/20/06	Friends of Ryan Yamane Honolulu HI	100	100
3/20/06	Friends of Ray Ray Takami Honolulu HI	200	200
4/5/06	Friends of Lyla Berg Honolulu Hawaii	200	200
7/4	Ewase For Governor	500	500

1. SUBTOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (THIS PAGE)..... \$ 1400

2. TOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 12, COLUMN A).....

**STATE OF HAWAII**  
**CAMPAIGN SPENDING COMMISSION**  
**SCHEDULE C**  
**EXPENDITURES**  
**NONCANDIDATE COMMITTEE**

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COMMITTEE NAME: (Must be same as on Form NC-1)

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Hawaii Machinists Non-Partisan Political League

DATE OF EXPENDITURE	General and Miscellaneous expenses FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT PAID EXPENDITURE FAIR MARKET OF NON-MONETARY CONTRIBUTION THIS PERIOD
	General and Miscellaneous expenses		\$ 367

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (THIS PAGE)..... \$ 367

2. TOTAL OF EXPENDITURES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON FORM NC-3, SECTION III (PART 2), LINE 12, COLUMN A).....

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE D  
OTHER RECEIPTS (Interest, Refunds, Etc.)  
NONCANDIDATE COMMITTEE**

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COMMITTEE NAME: (Must be same as on Form NC-1)

PAGE 1 OF 1

Hawaii Machinists Non-Partisan Political League

DATE OF RECEIPT AND DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF SOURCE OF OTHER RECEIPT	DESCRIPTION OF OTHER RECEIPT	AMOUNT OF OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	none			none

1. SUBTOTAL OF OTHER RECEIPTS (Interest, Refunds, Etc.) THIS PERIOD (THIS PAGE)..... none
2. TOTAL OF OTHER RECEIPTS (Interest, Refunds, Etc.) THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON FORM NC-3, SECTION III  
(PART 2) LINE 10, COLUMN 1)..... none